

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

09/806129

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		(1)					54						
5		(1)					55						
6		(1)					56						
7		(1)					57						
8		(1)					58						
9	1						59						
10		1					60						
11		2					61						
12	1						62						
13		1					63						
14	1						64						
15		1					65						
16	1						66						
17		1					67						
18	1						68						
19		1					69						
20	1						70						
21		1					71						
22	1						72						
23		1					73						
24	1						74						
25		1					75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9						TOTAL IND.						
TOTAL DEP.	18						TOTAL DEP.						
TOTAL CLAIMS	27						TOTAL CLAIMS						